



Complete Summary

GUIDELINE TITLE

Fitness for duty.

BIBLIOGRAPHIC SOURCE(S)

Work Loss Data Institute. Fitness for duty. Corpus Christi (TX): Work Loss Data Institute; 2005. 72 p. [92 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

METHODOLOGY - including Rating Scheme and Cost Analysis

RECOMMENDATIONS

EVIDENCE SUPPORTING THE RECOMMENDATIONS

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

IMPLEMENTATION OF THE GUIDELINE

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

Health of employees in relation to their specific jobs

GUIDELINE CATEGORY

Evaluation

CLINICAL SPECIALTY

Family Practice
Internal Medicine

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Health Plans
Nurses
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

To offer evidence-based step-by-step decision protocols for the assessment of fitness for duty

TARGET POPULATION

Workers considering entry into employment and assignment to a specific job (e.g., firefighters, commercial drivers, military)

INTERVENTIONS AND PRACTICES CONSIDERED

1. Fitness to work examinations
2. Disability evaluations and certifications

See the original guideline document for more information.

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Ranking by quality within type of evidence:

- a. High Quality
- b. Medium Quality
- c. Low Quality

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

The guideline developers reviewed published cost analyses.

METHOD OF GUIDELINE VALIDATION

Not stated

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not applicable

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Fitness-to-work examinations are objective assessments of the health of employees in relation to their specific jobs, in order to ensure they could do the job and would not be a hazard to themselves or others. Fitness-to-work examinations should always be conducted with reference to the specific job the worker holds or intends to hold. The circumstances that require such examinations occur at the time of application or consideration for entry into employment and assignment to a specific job (pre-placement), return to work after illness or injury (return to work).

To be useful to the employee and employer and to be consistent with human-rights legislation, pre-placement examinations must be structured so that they are specific to the working conditions and job requirements medically and are timed after a job offer has been made. An employer cannot arbitrarily deny a person a job opportunity on the basis of a physical or emotional disability. However, the job offer can be made contingent upon passing a medical examination that indicates the employee would be able to perform the job and would not be a hazard to him or herself or others while working in that job. The employee may be refused the job only if the health of the employee is not compatible with the working conditions, and the job requirements cannot reasonably be altered.

There are six possible judgments, the appropriateness of which may depend on the type of fitness-to-work examination being done: fit, temporarily fit, fit subject to work modifications, temporarily fit subject to work modifications, temporarily unfit, and permanently unfit. These categories are defined below:

- **Fit:** This judgment means that the employee is able to perform the job without danger to self or others, without reservation. The subcategory "temporarily" can be used for all types of medical assessments except pre-placement. "Permanently" should never be used with a judgment of "fit" since physicians cannot see into the future.
- **Fit subject to work modifications:** A judgment in this category indicates that the employee could be a hazard to self or others if employed in the job as described but would be considered fit to do the job if certain working conditions were modified (e.g., changing the way the work is performed or the working environment). The modifications required must be clearly described in the comments section. If these can be accommodated, the employee is considered fit for the modified job. If the modifications cannot be reasonably accommodated, the employee is deemed temporarily or permanently unfit. "Temporarily" means that if the person's condition improves with time, the requirement for work modifications may be lifted. "Permanently" means that the employee will never be fit for the job without the modifications. Any employee considered fit subject to work modifications must be fully informed of both the medical findings and the modifications.
- **Unfit:** This category describes the employee who is unable to perform the job without being a hazard to self or others. This judgment and the subcategories "temporarily" and "permanently" can be used with any type of fitness-to-work examination. "Temporarily" means that the medical condition may improve with time, thus allowing return to work or transfer to some other job. "Permanently" usually means that the employee will never be fit for the job and that no modification of the working conditions is reasonably possible or medically relevant; if "permanently" means that the employee is unable to do any available job, with or without work modifications, a statement to this effect should be made in the comments section.

Key Elements of a Fitness-for-Duty Examination Under the Americans with Disabilities Act

- Determine the presence or absence of a permanent impairment that substantially limits one or more major life activities.
- Evaluate the patient's work capacity (mental and physical) and delineate workplace restrictions.

- Assess workplace demands (mental and physical) and essential functions of the job.
- Ascertain the patient's ability to perform the essential functions of the job with, or without, accommodations.

Practical Pointers on Disability Evaluations and Certifications

- Do not confuse the terms "impairment" and "disability."
- Obtain appropriate consents signed and dated by the patient.
- Clearly delineate the nature and extent of all impairments (mental and physical); segregate those pertaining to the claim.
- Document all patient limitations (mental and physical) and workplace restrictions.
- Assess the patient's workplace demands (mental and physical) and essential functions of the job by obtaining a functional job analysis from the employer.
- Assess fitness for duty and employability by comparing the patient's work capacity to workplace demands. Obtain a functional capacity examination if needed. (See Procedure Summary in the original guideline document.)
- Ascertain the type and definition of disability being applied to the claim.
- Determine disability status and address issues of temporary versus permanent, as well as partial versus total disability.
- List patient's capabilities, limitations, and restrictions.
- Do not address issues of permanency (including impairment or disability) until the patient has reached maximum medical improvement.
- Complete disability certification forms objectively, accurately and in a timely manner.
- Beware of hidden patient agendas and secondary gain from disability.

When considering whether a worker is fit for duty, an appreciation for the workplace in general and the specific task(s) is crucial. The physician needs a detailed job description from the employer. Ideally, this information should be corroborated by the worker. The physician's role includes: (1) providing a critical assessment of the available medical information as to completeness and validity, (2) identifying impairments that can "reasonably be anticipated" to affect performance of essential functions, (3) determining if impairments are permanent, and (4) identifying impairments that may result in a sudden or gradual adverse consequence (e.g., incapacitation in a safety-sensitive job, communicable disease) or a "direct threat" (i.e., significant risk of substantial harm to the health or safety of self, co-workers, or the public that cannot be eliminated by reasonable accommodation).

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

During the comprehensive medical literature review, preference was given to high quality systematic reviews, meta-analyses, and clinical trials over the past ten

years, plus existing nationally recognized treatment guidelines from the leading specialty societies.

The type of evidence associated with each recommended or considered intervention or procedure is ranked in the guideline's annotated reference summaries.

Ranking by Type of Evidence:

1. Systematic Review/Meta-Analysis
2. Controlled Trial-Randomized (RCT) or Controlled
3. Cohort Study-Prospective or Retrospective
4. Case Control Series
5. Unstructured Review
6. Nationally Recognized Treatment Guideline (from www.guideline.gov)
7. State Treatment Guideline
8. Foreign Treatment Guideline
9. Textbook
10. Conference Proceedings/Presentation Slides

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

These guidelines unite evidence-based protocols for medical treatment with normative expectations for disability duration. They also bridge the interests of the many professional groups involved in assessing workers for fitness for duty.

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Work Loss Data Institute. Fitness for duty. Corpus Christi (TX): Work Loss Data Institute; 2005. 72 p. [92 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005

GUIDELINE DEVELOPER(S)

Work Loss Data Institute - Public For Profit Organization

SOURCE(S) OF FUNDING

Not stated

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available to subscribers from the [Work Loss Data Institute Web site](#).

Print copies: Available from the Work Loss Data Institute, 169 Saxony Road, Suite 210, Encinitas, CA 92024; Phone: 800-488-5548, 760-753-9992, Fax: 760-753-9995; www.worklossdata.com.

AVAILABILITY OF COMPANION DOCUMENTS

Background information on the development of the Official Disability Guidelines of the Work Loss Data Institute is available from the [Work Loss Data Institute Web site](#).

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on January 30, 2006.

COPYRIGHT STATEMENT

This NGC summary is based on the original guideline, which is subject to the guideline developer's copyright restrictions.

DISCLAIMER

NGC DISCLAIMER

The National Guideline Clearinghouse™ (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at <http://www.guideline.gov/about/inclusion.aspx>.

NGC, AHRQ, and its contractor ECRI make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

© 1998-2006 National Guideline Clearinghouse

Date Modified: 9/25/2006

